

**Procter & Gamble – I.P. Division****IMPORTANT CONFIDENTIALITY NOTICE**

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

**FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****RECEIVED  
CENTRAL FAX CENTER****JAN 27 2005****TO: Shengjun Wang, Ph.D. - United States Patent and Trademark Office**

Fax No. 703-872-9306 Phone No. 703-308-4554

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on January 27, 2005, to the above-identified facsimile number.

Cora A. Wray (Signature)

**FROM: Cora A. Wray**

Fax No. 513-626-1355

Phone No. 513-626-6622

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) Fee Transmittal – 1 page
- 2) Notice of Appeal – 1 page
- 3) Extension of time – 1 page

Inventor(s): Timothy Alan Scavone et al.

S.N.: 10/057,182


Filed: January 25, 2002

Case: 8854

Number of Pages Including this Page: 4

|   |                          |                              |
|---|--------------------------|------------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b><br>Patent fees are subject to annual revision.<br>Effective December 8, 2004 | <b>Complete if Known</b> |                              |
|   | Application Number       | 10/057,182                   |
|   | Confirmation Number      | 5287                         |
|   | Filing Date              | January 25, 2002             |
|   | First Named Inventor     | Timothy Alan Scavone, et al. |
|   | Examiner Name            | Shengjun Wang                |
|   | Art Unit                 | 1617                         |
| <b>TOTAL AMOUNT OF PAYMENT (\$950.00)</b>   |                          | Attorney Docket No. 8854     |

| <b>METHOD OF PAYMENT</b>  |   | <b>FEE CALCULATION (continued)</b>   |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
|---|---|--|---|-----------------|----------|---|----------------------------------|--|---|--|------------------------------------|--|--|--|------------------------------------|--------------------------------------|---|---|----------------------------------|---|---------------------------------|--|----------------------------------|------------------|---|--|----------------------------------|--------------------------|------------------------------------|---|------------------------------------|--------|--------------------------|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br>Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company   |   | <b>5. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>(\$450) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |   | Fee Description | Fee Paid | Extension for reply within 1 <sup>st</sup> month                          | (\$120) <input type="checkbox"/> | Extension for reply within 2 <sup>nd</sup> month | (\$450) <input checked="" type="checkbox"/> | Extension for reply within 3 <sup>rd</sup> month                               | (\$1,020) <input type="checkbox"/> | Extension for reply within 4 <sup>th</sup> month | (\$1,590) <input type="checkbox"/>       | Extension for reply within 5 <sup>th</sup> month | (\$2,160) <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) <input type="checkbox"/>          | 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) <input type="checkbox"/> | Non-English specification  | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$500) <input checked="" type="checkbox"/> | Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | Request for oral hearing | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Fee Description   | Fee Paid                                    |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 1 <sup>st</sup> month  | (\$120) <input type="checkbox"/>            |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 2 <sup>nd</sup> month  | (\$450) <input checked="" type="checkbox"/> |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 3 <sup>rd</sup> month  | (\$1,020) <input type="checkbox"/>          |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 4 <sup>th</sup> month  | (\$1,590) <input type="checkbox"/>          |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 5 <sup>th</sup> month  | (\$2,160) <input type="checkbox"/>          |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Information Disclosure Statement fee  | (\$180) <input type="checkbox"/>            |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)   | (\$130) <input type="checkbox"/>            |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| 37 CFR 1.17 (q) Missing Parts (provisional)   | (\$50) <input type="checkbox"/>             |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Non-English specification   | (\$130) <input type="checkbox"/>            |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Notice of Appeal  | (\$500) <input checked="" type="checkbox"/> |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Filing a brief in support of an appeal  | (\$500) <input type="checkbox"/>            |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Request for oral hearing  | (\$1,000) <input type="checkbox"/>          |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)   | (\$1,370) <input type="checkbox"/>          |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Other:  | <input type="checkbox"/>                    |  |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| <b>2. BASIC FILING FEE - Large Entity</b><br><table border="1"> <thead> <tr> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility (\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design (\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>  |   | FILING FEE   | SEARCH FEE                                | EXAMINATION FEE | Fee Paid | Utility (\$300)   | (\$500)                          | (\$200)  | (Total = \$1000) <input type="checkbox"/>   | Design (\$200)   | (\$100)                            | (\$130)  | (Total = \$430) <input type="checkbox"/> | Reissue (\$300)                                  | (\$500)                            | (\$600)                              | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee                                |                                  | (Total = \$200) <input type="checkbox"/>    |                                 | <b>3. APPLICATION SIZE FEE:</b><br>Sheets of Spec and Drawings <input type="checkbox"/><br>(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)<br>SUBTOTAL (2)+(3) (\$) <input type="checkbox"/> |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| FILING FEE  | SEARCH FEE                                  | EXAMINATION FEE  | Fee Paid                                  |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Utility (\$300)   | (\$500)                                     | (\$200)  | (Total = \$1000) <input type="checkbox"/> |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Design (\$200)  | (\$100)                                     | (\$130)  | (Total = \$430) <input type="checkbox"/>  |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Reissue (\$300)   | (\$500)                                     | (\$600)  | (Total = \$1400) <input type="checkbox"/> |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Provisional filing fee  |   | (Total = \$200) <input type="checkbox"/>   |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| <b>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below<br><b>Fee Description</b><br>Claims in excess of 20 (\$50 per claim)<br>Independent claims in excess of 3 (\$200 per claim)<br>Multiple dependent claim, if not paid (\$360)<br>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)<br>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim) |   |  | Extra Claims                              | Fee from Below  | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/>         | =  | <input type="checkbox"/>                    | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/>           | =  | <input type="checkbox"/>                 | Multiple Dependent claims:                       | <input type="checkbox"/>           | =                                    | <input type="checkbox"/>                  | SUBTOTAL (4) (\$) <input type="checkbox"/>            |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
|   | Extra Claims                                | Fee from Below   | Fee Paid                                  |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x   | <input type="checkbox"/>                    | =  | <input type="checkbox"/>                  |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x  | <input type="checkbox"/>                    | =  | <input type="checkbox"/>                  |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| Multiple Dependent claims:  | <input type="checkbox"/>                    | =  | <input type="checkbox"/>                  |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |
| SUBTOTAL (4) (\$) <input type="checkbox"/>  |   | SUBTOTAL(5) (\$) 19501   |   |                 |          |   |                                  |  |   |  |                                    |  |  |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |   |  |                                  |                          |                                    |   |                                    |        |                          |

|                     |   |                                 |                |
|---------------------|---|---------------------------------|----------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b> |                |
| Name (Print/Type)   | Brian M. Bolam  | Telephone                       | (513) 626-4756 |
| Signature           |  | Date                            | 1/27/05        |
|                     | Registration No. (Attorney/Agent)   |                                 |                |
|                     | 37,513  |                                 |                |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

8854 Tectraform noticeusptppd.doc